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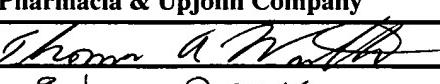
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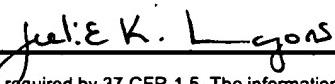
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/724,857 |
| | Filing Date | December 1, 2003 |
| | First Named Inventor | Donald E. Frail |
| | Art Unit | 1614 |
| | Examiner Name | |
| Total Number of Pages in This Submission | Attorney Docket Number | 01459.US1 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): A return-receipt postcard is enclosed. |
| Remarks | | |
| Supplemental IDS This IDS is being filed before the mailing date of the first office action on the merits. Applicant(s) is/are unaware that any office action has issued in this case. However, in the event a first office action has issued, prior to the receipt of this document, then authorization is given to charge the late fee to the deposit account 21-0718. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Pharmacia & Upjohn Company | |
| Signature |  | |
| Date | 7 June 2004 | |

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| Typed or printed name | Julie K. Lyons | |
| Signature |  | Date <u>June 9, 2004</u> |

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